



The Tennessee Open Meetings Act passed by the General Assembly in 1974 requires that meetings of state, city and county government bodies be open to the public and that any such governmental body give adequate public notice of such meeting.

**TENNESSEE DEPARTMENT OF HEALTH
MEMORANDUM
AMENDED**

Date: October 1, 2018

To: Shelley Walker, Director of Communication and Media Relations

From: Wanda E. Hines, Board Administrator

Name of Board or Committee: Board for Licensing Health Care Facilities Board Meeting
(Call-in Number: 1-888-757-2790 passcode: 152602#)

Date of Meeting: October 3, 2018

Time: 9:00 a.m.

Place: Iris Conference Room
665 Mainstream Drive, First Floor
Nashville, TN 37243

Major Item(s) on Agenda: See attachment.

LINK TO LIVE VIDEO STREAM:

October 3, 2018

<https://web.nowuseeit.tn.gov/Mediasite/Play/08048b73d8424ad28067a0709d1bc4571d>

This memo shall be forwarded from individual programs to the Public Information Office on the 15th day of the preceding month. The Public Information Office will prepare the monthly list of meetings within the Department and have ready for distribution to state media by the 28th day of the preceding month.

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

*THE MISSION OF THE TENNESSEE DEPARTMENT OF HEALTH IS TO PROTECT, PROMOTE AND
IMPROVE THE HEALTH AND PROSPERITY OF PEOPLE IN TENNESSEE*

BOARD FOR LICENSING HEALTH CARE FACILITIES

OCTOBER 3, 2018

IRIS CONFERENCE ROOM, FIRST FLOOR

9:00 a.m.

**PLEASE REMEMBER TO SILENCE YOUR ELECTRONIC DEVICES
WHEN THE BOARD IS IN SESSION**

1. **WELCOME NEW BOARD MEMBERS:** Ms. Patsy E. Carihfield, Registered Nurse Representative replacing Ms. Annette Marlar. Reappointments of Ms. Janet Williford, Home Health Agency Administrator Representative, Ms. Patricia Ketterman, Hospital Operated Nursing Home Administrator Representative and Mr. Roger Mynatt, Nursing Home Industry Representative.
2. **CONTESTED CASE HEARING.**
3. **RULEMAKING HEARING-**Notice of Rulemaking Hearings can be viewed online at: https://publications.tnsosfiles.com/rules_filings/08-07-18.pdf
 - A. 1200-08-02 Standards for Prescribed Child Care Centers
1200-08-02-.02 Licensing Procedures

1200-08-15 Standards for Residential Hospices
1200-08-15-.02 Licensing Procedures

1200-08-24 Standards for Birthing Centers
1200-08-24-.02 Licensing Procedures

1200-08-25 Standards for Assisted-Care Living Facilities
1200-08-25-.04 Licensing Procedures

1200-08-27 Standards for Home Care Organizations Providing Hospice Services
1200-08-27-.02 Licensing Procedures

- 1200-08-28 Standards for HIV Supportive Living Centers
 - 1200-08-28-.02 Licensing Procedures
- 1200-08-29 Standards for Home Care Organizations Providing Hospice Services
 - 1200-08-29-.02 Licensing Procedures
- 1200-08-32 Standards for End Stage Renal Dialysis Clinics
 - 1200-08-32-.02 Licensing Procedures
- 1200-08-34 Standards for Home Care Organizations Providing Professional Support Services
 - 1200-08-34-.02 Licensing Procedures
- 1200-08-35 Standards for Outpatient Diagnostic Centers
 - 1200-08-35-.02 Licensing Procedures
- 1200-08-36 Standards for Adult Care Homes – Level 2
 - 1200-08-36-.03 Fees
- 1200-08-37 Traumatic Brain Injury Residential Homes
 - 1200-08-37-.01 Definitions
 - 1200-08-37-.02 Licensure and Renewal
 - 1200-08-37-.03 Fees
 - 1200-08-37-.07 Admissions, Discharges, and Transfer

4. REPORTS.

- A. EMS REPORT – Robert Seesholtz**
- B. NURSE AIDE REPORT – Wanda King**
- C. OFFICE OF GENERAL COUNSEL REPORT – Caroline Tippens**
- D. OFFICE OF HEALTH CARE FACILITIES REPORT – Vincent Davis**

5. BOARD APPROVAL FOR THE FOLLOWING INTERPRETATIVE GUIDELINES

- A. Use of ‘Physician’ Term – Assisted Care Living Facility 1200-08-25-.08(5)(a)(b) & 1200-08-25-.08(9)(a)**
- B. Disaster Preparedness Tennessee Emergency Management Agency (TEMA) participation/completion of TEMA form – Assisted Care Living Facility 1200-08-25-.16(3)(a), RHA 1200-08-11-.13(2), ACH-Level 2 1200-08-36-.17(3)(a), TBI 1200-08-37-.17(3)(a), Prescribed Child Care Centers 1200-08-02-.13(2), ASTC 1200-08-10-.14(2), ESRD 1200-08-32-.14(1)(f), & ODC 1200-08-35-.14.**
- C. Change in Infectious Waste definition & language in Infectious Waste and Hazardous Waste.**

- D. Reporting of suspected opioid abuse or diversion – notice to employees of health care facilities.
- E. Hospital Rule 1200-08-01-.03(1) Disciplinary Procedures Report of Involuntary Commitments.
- F. Third revisit survey and recoupment of associated costs.
- G. Hospital Rule 1200-08-01-.02(2) Licensing Procedures ST Elevation Myocardial Infarction (STEMI) and stroke designations.

6. LICENSE STATUS REQUESTS.

CHRISTIAN CARE CENTER OF BOLIVAR fka PLEASANT VIEW HEALTH CARE CENTER, BOLIVAR

This sixty-seven (67) bed skilled nursing home facility is seeking an inactive status extension of their license for an additional one (1) year. This nursing home was acquired by Christian Care Center of Bolivar, LLC on September 1, 2017. A Certificate of Need (CON) for relocation and construction of a replacement facility was granted by Health Services and Development Agency (HSDA) on April 25, 2018.

REPRESENTATIVE(S): Jerry W. Taylor, Attorney

HANCOCK COUNTY HOME HEALTH AND HOSPICE AGENCY, SNEEDVILLE

This hospice agency is seeking to place their facility on inactive status for three (3) years. The date requested for inactive status by the agency was September 17, 2018. All patients completed care prior to September 17, 2018.

REPRESENTATIVE(S): Thomas Harrison, County Mayor & CEO

TENNOVA HEALTHCARE HOSPICE IN-PATIENT HOSPICE HOUSE, KNOXVILLE

This eighteen (18) bed residential hospice facility is seeking an inactive status extension of their license for an additional one (1) year. A real estate contract has been signed and is pending due diligence so Tennova Healthcare Hospice In-Patient Hospice House can begin operating again.

REPRESENTATIVE(S): Kim Harvey Looney, Attorney

PENDLETON HOUSE OF LOVE, MEMPHIS

Pendleton House of Love a residential home for the aged facility is requesting an inactive status extension of their license until June 30, 2019.

REPRESENTATIVE(S): MacAuther Sharkey, Administrator

COPPER BASIN MEDICAL CENTER, COPPERHILL

This twenty-five (25) hospital bed facility is seeking an inactive status extension of an additional one-year period for their license to remain on inactive status. This hospital was seeking to pursue a new business model that would include an urgent care; outpatient diagnostic treatment center and an ambulatory surgery center but unfortunately none of those plans were able to happen. This extension will allow time for the possible acquisition of the license by an organization capable of establishing a replacement hospital facility in the eastern Polk County area.

REPRESENTATIVE(S): Tim Henry, Post-Closing Administrator

7. **WAIVER REQUESTS.**

TENNOVA HEALTHCARE-TURKEY CREEK MEDICAL CENTER, KNOXVILLE

This one hundred and one (101) bed hospital is requesting to increase their general acute care beds count by ten (10) licensed beds. The three Tennova Healthcare hospitals in Knoxville are operated under a consolidated hospital license #45. The total licensed bed complement will be one hundred eleven (111) beds upon approval. This request is made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. § 68-11-1607(g).

REPRESENTATIVE(S): Warren Gooch, Attorney

TRISTAR STONECREST MEDICAL CENTER, SMYRNA

This one hundred and nine (109) bed hospital is requesting to increase their general acute care beds count by ten (10) licensed beds. The total licensed bed complement will be 119 upon approval. This request is made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. § 68-11-1607(g).

REPRESENTATIVE(S): Jerry Taylor, Attorney

ERLANGER MEDICAL CENTER, CHATTANOOGA

This six hundred and eighteen (618) bed hospital is requesting to increase their general acute care beds count by sixty (60) beds. The total licensed bed complement will be six hundred seventy-eight (678) beds. This request is made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. § 68-11-1607(g).

REPRESENTATIVE(S): Joseph Winick, FACHE, Lead Executive

TRI-STAR SUMMIT MEDICAL CENTER, HERMITAGE

This two hundred (200) bed hospital including one hundred eighty (180) general acute care beds is requesting to increase their general acute care beds count by eighteen (18) beds. The total licensed bed complement will be 218 upon approval. This request is made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. § 68-11-1607(g). These rooms will be used for acute bed expansion.

REPRESENTATIVE(S): Drew Tyrer, Chief Operating Officer

CLAIBORNE MEDICAL CENTER, TAZEWELL

This eighty-five (85) bed hospital is seeking a two (2) year extension to waive Hospital Regulations 1200-08-01-.05(1) & (5) hospital admission and treatment shall be under supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on order of a physician. Claiborne Medical Center provides therapy services at Claiborne Rehabilitation Center located at Medical Office Building 100, 1850 Old Knoxville Road, Tazewell. The location is separately located from the hospital.

REPRESENTATIVE(S): Lucy Gregory, PT, MHA, Director Outpatient Services,
Covenant Health

CUMBERLAND MEDICAL CENTER, CROSSVILLE

This one hundred eighty-nine (189) bed hospital is seeking a two (2) year extension to waive Hospital Regulation 1200-08-01-.05(1) & (5) hospital admission and treatment shall be under supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on order of a physician. Cumberland Medical Center provides therapy services at 130 Stonehenge Drive, Crossville, TN 38555. The location is separately located from the hospital.

REPRESENTATIVE(S): Lucy Gregory, PT, MHA, Director Outpatient Services,
Covenant Health

FORT LOUDOUN MEDICAL CENTER, LENOIR CITY

This fifty (50) bed hospital is seeking a two (2) year extension to waive Hospital regulations 1200-08-01-.05(1) & (5) hospital admission and treatment shall be under supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on order of a physician. Fort Loudoun Medical Center provides therapy services at 1127 Grove Street, Loudon, TN 37774. The location is separately located from the hospital.

REPRESENTATIVE(S): Lucy Gregory, PT, MHA, Director Outpatient Services,
Covenant Health

FORT SANDERS MEDICAL CENTER, KNOXVILLE

This forty-three (43) bed hospital is seeking a two (2) year extension to waive Hospital Regulations 1200-08-01-.05(1) & (5) hospital admission and treatment shall be under supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on order of a physician. Fort Sanders Medical Center provides therapy services at Fort Sanders Therapy Center at 1901 Clinch Avenue and 2001 Laurel Avenue. The location is separately located from the hospital.

REPRESENTATIVE(S): Lucy Gregory, PT, MHA, Director Outpatient Services,
Covenant Health

LECONTE MEDICAL CENTER, SEVIERVILLE

This seventy-nine (79) bed hospital is seeking a two (2) year extension to waive Hospital Regulations 1200-08-01-.05(1) & (5) hospital admission and treatment shall be under supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on order of a physician. LeConte Medical Center provides therapy services at 740 Middle Creek Road, Sevierville. The location is separately located from the hospital.

REPRESENTATIVE(S): Lucy Gregory, PT, MHA, Director Outpatient Services, Covenant Health

METHODIST MEDICAL CENTER OF OAK RIDGE, OAK RIDGE

This three hundred and one (301) bed hospital is seeking a two (2) year extension to waive Hospital Regulations 1200-08-01-.05(1) & (5) hospital admission and treatment shall be under supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on order of a physician. Methodist Medical Center provides therapy services at 991 Oak Ridge Turnpike, Oak Ridge. The location is separately located from the hospital.

REPRESENTATIVE(S): Lucy Gregory, PT, MHA, Director Outpatient Services, Covenant Health

PARKWEST MEDICAL CENTER, KNOXVILLE

This four hundred sixty-two (462) bed hospital is seeking a two (2) year extension to waive Hospital Regulations 1200-08-01-.05(1) & (5) hospital admission and treatment shall be under supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on order of a physician. Parkwest Medical Center provides therapy services at Fort Sanders West Campus Building 1, Suite 201, Fort Sanders West Boulevard, Knoxville. The location is separately located from the hospital.

REPRESENTATIVE(S): Lucy Gregory, PT, MHA, Director Outpatient Services, Covenant Health

ROANE MEDICAL CENTER, HARRIMAN

This fifty-four (54) bed hospital is seeking a two (2) year extension to waive Hospital Regulations 1200-08-01-.05(1) & (5) hospital admission and treatment shall be under supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on order of a physician. Roane Medical Center provides therapy services at the Patricia Neal Outpatient Center at 8045 Roane Medical Center Drive. The location is separately located from the hospital.

REPRESENTATIVE(S): Lucy Gregory, PT, MHA, Director Outpatient Services, Covenant Health

HOME HEALTHCARE SOLUTIONS OF DAVIDSON, LLC, NASHVILLE

This Professional Support Services is seeking to waive the requirement of having a contract with DIDD.

REPRESENTATIVE(S): Julie O'Digie, Owner

CREEKSIDE AT THREE RIVERS ASSISTED LIVING WITH MEMORY SUPPORT, MURFREESBORO

Creekside at Three Rivers Assisted Living requests a waiver to consolidate four (4) ACLF facilities and place under one license. Creekside is one campus with four (4) separately licensed facilities. Operating under multiple licenses is not cost effective for the provider. Combining the licenses would ensure a solid fiduciary outcome for both the community and residents. The four (4) ACLF facilities are: Creekside at Three Rivers #308-licensed for 99 beds, occupied 54 beds; Creekside Villas 400 #418 licensed for 12 beds, occupied 7 beds; Creekside Villa 500 #461 licensed for 12 beds, occupied 10 beds, and Creekside Villa 600 #462-licensed for 12 beds, occupied 11 beds. Each facility is joined by common walking paths and common parking areas. The Creekside campus employs one Executive Director. The entire campus cross-trains the Director of Nursing, Assistant Director of Nursing, Memory Care Specialist, Personal Care Attendants, Licensed Practical Nurses, Activity Director, Activity Assistants, etc. Creekside campus uses walkie talkies as a means of communication between buildings aside from cordless phones and sharing a call system.

REPRESENTATIVE(S): Karsten Briggs, Owner

TENNOVA HEALTHCARE-PHYSICIANS REGIONAL MEDICAL CENTER (PRMC), TENNOVA HEALTHCARE-NORTH KNOXVILLE MEDICAL CENTER (NKMC); TENNOVA HEALTHCARE-TURKEY CREEK MEDICAL CENTER (TCMC)

Tennova Healthcare (Knoxville) has three (3) campuses operating under a single license number, #45. Tennova is requesting to deem North Knoxville Medical Center as the primary location for license #45 making Physicians Regional Medical Center a satellite campus of NKMC. Tennova is requesting to be allowed to retain the 401 licensed beds from PRMC for 3 years to determine if there is a future use for the beds. In addition, Tennova Healthcare is requesting to restore the Turkey Creek license to its original license #157 thereby rendering it independent from license #45.

REPRESENTATIVE(S): Warren Gooch, Attorney and Tony Benton, CEO, Tennova Healthcare-Knoxville

8. DISCUSSION(S).

- A. Propose Board Meeting Dates for Year 2019.
- B. Consideration and Adoption of the 2018 Edition of the Guidelines for Design and Construction of hospitals, outpatient facilities, residential health care, support facilities and remove the reference of 1999 North Carolina Handicapped Accessibility Codes with Amendments. – Craig Parisher, Director, Plans Review.
- C. Caring Estates, Arlington (RHA) Progress Report.

REPRESENTATIVE(S): Eshonishunetta Knight, Administrator

- D. Legacy Assisted Living and Memory Care, Memphis (ACLF) Progress Report.

REPRESENTATIVE(S): Cedric Davis, Administrator and Peter Cawley, Managing Director, Senior Health Services

- E. **VANDERBILT UNIVERSITY MEDICAL CENTER, NASHVILLE**
Vanderbilt University Medical Center, Nashville has expressed concerns regarding recent developments affecting Level I trauma centers in Tennessee. Trauma Center designation levels rules 1200-08-12 are based on the premise that the designation process is ‘meant to identify those hospitals that make a commitment to provide a given level of care of the acutely injured patients’. The Emergency Medical Services Board at their meeting on June 20, 2018 adopted a change in its rules that eliminates the distinction between Level I and Level II trauma centers. Vanderbilt is seeking to bring this to the Board for Licensing Health Care Facilities’ attention because the rules adopted by the EMS Board are contrary to HCF’s rules establishing criteria for different levels of trauma care. Vanderbilt is hoping these steps by the Board for Licensing Health Care Facilities will result in the EMS Board to reconsider their action in adopting the rules in question.

REPRESENTATIVE(S): Dan Elrod, Attorney

- F. **THE VILLAGE AT PRIMACY PLACE, MEMPHIS**
Grace Management, Inc. is seeking to appear before the Board to discuss Tag 605 rule number 1200-08-.06(1)(a)5 cited during their survey of August 2, 2018 for The Village at Primacy Place, Memphis. Grace Management which is the management firm for the facility stated the surveyor’s definition of ‘qualified’ appears to be in contrast to the opinion provided by the Board of Medical Examiners (BME) and it is also inconsistent with other surveyors in the State of Tennessee.

REPRESENTATIVE(S): Frances Showa, MBA, National Director of Dining Services Operations, Grace Management, Roneshia Washington and Stephanie Casey, Village of Primacy Place

9. APPROVAL OF MINUTES.

- A. June 6, 2018 – Board Meeting
- B. August 28, 2018 – Assisted Care Living Standing Committee Meeting
- C. September 5, 2018 – Special Called Disciplinary Hearing
- D. September 17, 2018 – Performance Improvement Issue Standing Committee Meeting

10. CONSIDERATION AND RATIFICATION OF LICENSURE APPLICATIONS (CHANGE OF OWNERSHIP (CHOWS) AND INITIALS).

A. SPECIAL CONSIDERATION

(INITIALS)

Autumn Care III, LLC, Farragut-(ACLF)

(CHOWS)

Douglas Health and Rehabilitation, Milan (Nursing Home)
Palmyra Health and Rehabilitation, Palmyra (Nursing Home)
Rainbow Rehabilitation and Healthcare Center, Bartlett (Nursing Home)

Towne Square Care of Puryear, Puryear (Nursing Home)
Towne Square Care Assisted Living of Puryear, Puryear (ACLF)

B. RATIFICATION.

1. QUALIFYING APPLICATIONS (Approval)

(INITIALS)

(a) Ambulatory Surgical Treatment Centers

Phoenix Ambulatory Surgery Center, LLC, Lebanon

(b) Assisted Care Living Facility

Arcadia Senior Living Clarksville, Clarksville

Canterfield of Franklin, Brentwood

Maple Cottage Assisted Living, Hendersonville

Sycamore Place Alzheimer's Special Care Center, Memphis

The Lantern at Morning Pointe of Franklin, Franklin

(c) End Stage Renal Dialysis Clinics

Dialysis Clinic, Inc-Caryville, Caryville

Fresenius Kidney Care Parkwest Home, Knoxville

Lamar Crossing Dialysis, Memphis

Metro Center Dialysis, Nashville

(d) Home for the Aged

Trinity Manor Suites, Gallatin

(e) Home Medical Equipment

Opry Medical Group, LLC, Nashville

Currie Medical Specialties, Inc., Franklin

Integrated Ortho Services, Inc., Nashville

(f) Nursing Homes

The Reserve at Spring Hill, Spring Hill

Stones River Manor, Inc., Murfreesboro

(g) Professional Support Services

Access MedStaffing Solutions Healthcare, LLC, Memphis

All Ways Therapies, LLC, Memphis

Hardin County Skills, Inc., Savannah

Milestone Home Health Care, LLC, Nolensville

Speaking Life Healthcare, Memphis

(CHOWS)

(a) Assisted Care Living Facility

Avenir Memory Care at Knoxville, Knoxville

Hearthside Senior Living of Bartlett, Bartlett

Traditions of Spring Hill, Spring Hill

(b) Nursing Homes

Magnolia Healthcare and Rehabilitation Center, Columbia
StoneRidge Health Care, LLC, Goodlettsville

11. LICENSE STATUS UPDATES.

HOSPICE OF CHATTANOOGA, CHATTANOOGA

Hospice of Chattanooga, Chattanooga has reactivated their license effective July 18, 2018. This hospice facility had placed their license on inactive at the February 7, 2018 Board meeting for twelve (12) months until February 2019.

TENNOVA HEALTHCARE-PHYSICIANS REGIONAL MEDICAL CENTER-TRANSITIONAL CARE UNIT, KNOXVILLE

Tennova Healthcare-Physicians Regional Medical Center-Transitional Care Unit, Knoxville requested not to renew their facility's license effective July 7, 2018 and the facility was closed. Tennova Healthcare-Physicians Regional Medical Center-Transition Care Unit, Knoxville was granted an extension of inactive status at the October 4, 2017 Board meeting for one (1) year through October 2018.

BIG SOUTH FORK MEDICAL CENTER, ONEIDA

Big South Fork Medical Center, Oneida, has hired a full time Certified Dietary Manager on June 11, 2018. On June 6, 2018, Big South Fork Medical Center was granted a waiver according to Hospital Rule 1200-08-01-.06(9)(B) Certified Dietary Manager requirement which would expire on February 2019.

***FACILITY CLOSURES**

See attachment.

12. BOARD POLICY CONSENTS.

A. THE FOLLOWING NURSING HOMES ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 1200-08-06-.04(1) FOR A TENNESSEE LICENSED NURSING HOME ADMINISTRATOR UNTIL A PERMANENT REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE.

- (1) Signature HealthCARE of Portland Rehab & Wellness Center, Portland
- Brandi Bailey, Temporary Administrator
- (2) Tennova Newport Medical Center & Convalescent Center, Newport
- Sharon Black, Temporary Administrator

B. THE FOLLOWING NURSING HOMES ARE REQUESTING A WAIVER TO PROVIDE OUTPATIENT THERAPY SERVICES AS PROVIDED FOR BY BOARD POLICY #32:

Celina Health and Rehabilitation Center, Celina
The Farms at Bailey Station, Collierville

13. **ORDERS.**

A. **Consent Orders.**

14. **REGULATION(S).**

A. **BOARD APPROVAL FOR RULEMAKING HEARING**

- (1) **1200-08-01-Standards for Hospitals**-Definitions; Licensing Procedures; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste.
- (2) **1200-08-02-Standards for Prescribed Child Care Centers**-Definitions; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness.
- (3) **1200-08-06-Standards for Nursing Homes**-Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste.
- (4) **1200-08-10-Standards for Ambulatory Surgical Treatment Centers**-Definitions; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness.
- (5) **1200-08-11-Standards for Homes for Aged**-Definitions; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; Disaster Preparedness; Admissions, Discharges and Transfers; and Life Safety.
- (6) **1200-08-15-Standards for Residential Hospices**-Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste.
- (7) **1200-08-24-Standards for Birthing Centers**-Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste.
- (8) **1200-08-25-Standards for Assisted-Care Living Facilities**-Definitions; Regulatory Standards; Administration; Admissions, Discharges & Transfers; and Infectious Waste & Hazardous Waste.
- (9) **1200-08-26-Standards for Home Care Organizations Providing Home Health Services** -Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste.
- (10) **1200-08-27-Standards for Home Care Organizations Providing Hospice Services**-Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste.
- (11) **1200-08-28-Standards for HIV Supportive Living Centers**-Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste.

- (12) **1200-08-29-Standards for Home Care Organizations Providing Home Medical Equipment**-Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste.
- (13) **1200-08-32-Standards for End Stage Dialysis Clinics**-Definitions; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness.
- (14) **1200-08-34-Standards for Home Care Organizations Providing Professional Support Services**-Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste.
- (15) **1200-08-35-Standards for Outpatient Diagnostic Centers**-Definitions; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness.
- (16) **1200-08-36-Standards for Adult Care Homes-Level 2**-Definitions; Regulatory Standards; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness.
- (17) **1200-08-37-Traumatic Brain Injury Residential Homes**-Definitions; Regulatory Standards; Infectious Waste & Hazardous Waste; and Disaster Preparedness.

B. PROPOSED RULE LANGUAGE

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
October 3, 2018

The Board for Licensing Health Care Facilities Board meeting began October 3, 2018. Ann Reed, Director of the Board for Licensing Health Care Facilities, introduced new and reappointed Board members. Dr. Patsy Carihfield, registered nurse representative replaced Annette Marlar. Janet Williford, home health agency representative was reappointed; Patricia Ketterman, hospital operated nursing home administrator representative was reappointed; and Roger Mynatt, nursing home industry representative was reappointed.

Joshua Crisp was voted to serve as chairman. He called the meeting to order. Ms. Reed conducted a roll call of attendance.

Dr. René Saunders, Chairperson – not here (arrived 10:30 am)
Mr. Robert Breeden – here
Dr. Jennifer Gordon-Maloney – here
Mr. Joshua Crisp, serving Chairman – here
Ms. Carissa Lynch – here
Dr. Patsy Carihfield – here
Mr. Thomas Gee – here
Mr. Chuck Griffin – here
Mr. Jim Shulman, Chairman Pro Tem – not here
Mr. Bobby Wood – here
Mr. Roger Mynatt – here
Dr. Sherry Robbins – here (arrived 9:12 am)
Dr. Lisa Piercey – here
Ms. Janet Williford – here
Dr. Evelyn Brock – here
Mr. Paul Boyd – here (arrived 9:35 am)
Ms. Gina Throneberry – here
Ms. Patricia Ketterman - here

A quorum was established.

RULEMAKING HEARING:

A rulemaking hearing for the following set of regulations was conducted at this Board meeting –
1200-08-02-.02 Standards for Prescribed Child Care Centers Licensing Procedures
1200-08-15-.02 Standards for Residential Hospices Licensing Procedures
1200-08-24-.02 Standards for Birthing Centers Licensing Procedures
1200-08-25-.04 Standards for Assisted Care Living Facilities (ACLF) Licensing Procedures
1200-08-27-.02 Standards for Home Care Organizations Providing Hospice Services Licensing Procedures
1200-08-28-.02 Standards for HIV Supportive Living Centers Licensing Procedures
1200-08-29-.02 Standards for Home Care Organizations Providing Home Medical Equipment (HME) Licensing Procedures
1200-08-32-.02 Standards for End Stage Renal Dialysis Clinics Licensing (ESRD) Procedures

1200-08-34-.02 Standards for Home Care Organizations Providing Professional Support Services (PSS) Licensing Procedures
1200-08-35-.02 Standards for Outpatient Diagnostic Centers (ODC) Licensing Procedures
1200-08-36-.03 Standards for Adult Care Homes (ACH) – Level 2 Fees
1200-08-37-.01, .02, .03, & .07 Standards for Traumatic Brain Injury (TBI) Residential Homes Definitions, Licensure and Renewal, Fees, and Admissions, Discharges, and Transfers

Caroline Tippens, Office of General Counsel (OGC), presented this language for the rulemaking hearing. She stated this includes the remaining fee increase language. Martha Gentry commented on the fee increase within the ACLF rules. She requested the fee increase be used to hire and train surveyors for ACLF surveys. **Mr. Mynatt made a motion to approve the suggested change to the rules presented at the rulemaking hearing; seconded by Mr. Dr. Robbins. The motion was approved.**

REPORTS:

Office of Health Care Facilities (OHCF) –

Vincent Davis, Director of the Office of Health Care Facilities, presented to the Board a report of current activity in the OHCF. He revisited two regulatory compliance items previously presented to the Board. These items are licensure survey compliance with focus on licensed only facility types and complaint survey compliance. Mr. Davis stated the 2017 licensure fee increase allowed five surveyors to be hired. He hopes at the February 2019 Board meeting to report full compliance with these two items. Mr. Davis also addressed Ms. Gentry's earlier comment on surveyor training on ACLFs as having been accomplished.

OGC -

Ms. Tippens presented the following report –

- Sixteen (16) open cases in OGC with four (4) Consent Orders to be presented at today's meeting
- Rule status
 - Rules pertaining to Public Chapters 1003 and 1004 including the definition of central service technicians; the definition of sentinel event; removal of the requirement of obstetrical services from the definition of general hospital; adds sponge bath requirement for patients who are bedfast; adds language regarding chemical restraints; adds requirement that physical restraints be speedily removed; replaces language; now evidence of physical exam to be performed no more than sixty (60) days prior to admission are in internal review.
 - Definition of THA caregivers; ASTCS – Invasive Procedures; implementation of contractual requirement for PSSAs to have a contract with DIDDs; and exemptions for mail order companies are under review with the Attorney General's office.
 - Trauma Center rules regarding definitions and requirements are waiting on approved from the Governor's office in order to schedule a rulemaking hearing. These changes are intended to go into effect February 2019.
 - Combined rules for hospital rehabilitation services – PT changes; storing and repackaging medication; secured unit; fire safety; social worker; orders for HMEs; and dieticians will be effective October 8, 2018.
- Multiple amendments to various facility type rules was presented to include infectious waste, STEMI and Stroke designation requirements, 3rd revisit cost recoupment, orders of compliance, and report of involuntary committals to law enforcement.

Nurse Aide –

Wanda King, Nurse Aide Registry Manager, was not in attendance of the meeting. Ms. Reed presented a type written report to the Board which included the following –

- Nurse Aide Certification – as of August 31, 2018 37,387 active nurse aides were certified in Tennessee with 6,470 new applicants certified during 2018. 27 certifications were revoked and nine were suspended for failure to pay child support.
- Abuse Registry – as of August 31, 2018 2,396 persons were on the Registry of Persons Who Have Abused, Neglected, or Misappropriated the Personal Property of Vulnerable Individuals. To date there have been 115 placements during 2018 and breakdown as follows
 - County Courts: 37
 - TN Dept of Health: 8
 - DIDD: 44
 - APS: 7
 - MHSAS: 0
- Training Programs – there are 143 approved nursing home based training programs and 168 private training programs.

EMS -

Robert Seesholtz, EMS Trauma System Manager, presented the following EMS report –

- April 11, 2018 Trauma Care Advisory Council (TCAC) meeting minutes were noted as available
- Bristol Regional Medical Center with Level II designation recommended following a follow-up site visit on May 30, 2018
- StoneCrest Medical Center with full Level III designation recommended following a site visit on July 16, 2018
- The Annual Report on Trauma Care in Tennessee has been approved by the Commissioner

Mr. Mynatt made a motion to accept above report; seconded by Dr. Robbins. The motion was approved.

BOARD APPROVAL INTERPRETATIVE GUIDELINES (IG):

The final IG for *Assisted Care Living Facility (ACLF) rule 1200-08-25-.08(5)(a)(b) and 1200-08-25-.08(9)(a)* was presented to the full Board for approval. The development of presented IG was a dual effort of the ACLF Standing Committee and THCA/TNCal. Dr. Robbins voiced confusion on the clinical nurse specialist term. She recognizes nurse practitioner or advanced practice nurse term. Ms. Tippens stated advanced practice nurse is the term in statute and will need to be reflected in all facility rules. She stated this term is to be added to all rules. **Mr. Mynatt made a motion to approve; seconded by Dr. Piercy. The motion was approved.**

Dr. Saunders joined the meeting at this time. **Mr. Mynatt made a motion for Dr. Saunders to assume the chairperson role; seconded by Ms. Williford. The motion was approved.**

Other IGs presented to the Board were as follows:

Disaster Preparedness Tennessee Emergency Management Agency (TEMA) participation/completion of TEMA form for ACLF rule 1200-08-25-.16(3)(a), RHA rule 1200-08-11-.13(2), ACH-Level 2 rule 1200-08-36-.17(3)(a), TBI rule 1200-08-37-.17(3)(a), Prescribed Child Care Centers rule 1200-08-02-.13(2), ASTC 1200-08-10-.14(2), ESRD rule 1200-08-32-.14(1)(f), and ODC rule 1200-08-35-.14. This was brought before the ACLF Standing Committee by the department on behalf of the life safety/plans review staff. The goal is

to align all rules types with regulation language in this section. **Dr. Piercey made a motion to approve; seconded by Mr. Boyd. The motion was approved.**

Change in Infectious Waste definition & language in Infectious Waste and Hazardous Waste for all facility type rules. This was brought before the PI Standing Committee as a further discussion item with the PI Standing Committee accepting recommended language changes. **Dr. Brock made a motion to approve; seconded by Mr. Boyd/Mr. Crisp. The motion was approved.**

Reporting of suspected opioid abuse or diversion – notice to employees of health care facilities for all facility type rules. This item was brought before the PI Standing Committee based upon 2018 public chapter passing for inclusion in regulations. The presented recommended language was accepted by the standing committee. **Dr. Piercey made a motion to approve; seconded by Dr. Brock. The motion was approved.**

Hospital rule 1200-08-01-.03(1) Disciplinary Procedures Report of Involuntary Commitments. This item was brought before the PI Standing Committee based upon 2018 public chapter passing for inclusion in regulations. The presented recommended language was accepted by the standing committee. **Mr. Boyd made a motion to approve; seconded by Mr. Gee. The motion was approved.**

Third revisit survey and recoupment of associated costs. This item was brought before the PI Standing Committee based upon 2018 public chapter passing for inclusion in regulations. The presented recommended language was accepted by the standing committee. **Mr. Mynatt made a motion to approve; seconded by Dr. Brock. The motion was approved.**

Hospital rule 1200-08-01-.02(2) Licensing Procedures ST Elevation Myocardial Infarction (STEMI) and stroke designations. This item was brought before the PI Standing Committee based upon 2018 public chapter passing for inclusion in regulations. The presented recommended language was accepted by the standing committee. **Dr. Brock made a motion to approve; seconded by Mr. Boyd. The motion was approved.**

LICENSE STATUS REQUEST(S):

The following licensure status requests were presented -

Christian Care Center of Bolivar f/k/a Pleasant View Health Care Center, Bolivar –

This sixty-seven (67) bed skilled nursing home sought an inactive status extension of their license for an additional one (1) year. This nursing home is now owned by Christian Care Center of Bolivar, LLC. A certificate of need (CON) for relocation and construction of a replacement facility was granted by Health Services and Development Agency (HSDA) on April 25, 2018. Jerry Taylor was the representative for the facility. He requested that the inactive status run congruent with the CON approval received in April. **Mr. Mynatt made a motion to approve the inactive status request to run congruent with the CON approval; seconded by Ms. Williford. The motion was approved.**

Hancock County Home Health and Hospice Agency, Sneedville –

This hospice agency sought to place their facility license on inactive status for three (3) years. The date requested for the inactive status was September 17, 2018. All patients completed care prior to this September 17, 2018 date. Representative for the facility was Thomas Harrison, County Mayor and CEO. He informed the Board this facility is located in a rural area and most people use churches for hospice care. Mr. Harrison stated the agency does not get a lot of referrals and has now chosen to focus on home health services. **Dr. Piercey made a motion to approve the inactive status request; seconded by Mr. Mynatt. The motion was approved.**

Tennova Healthcare Hospice In-Patient Hospice House, Knoxville –

This eighteen (18) bed residential hospice facility sought an extension to the inactive status of their license for an additional one (1) year. A real estate contract has been signed and is pending due diligence so Tennova Healthcare Hospice In-Patient Hospice House can begin operation again. Representative for the facility was Kim Looney. She was not present at the meeting. **Mr. Mynatt made a motion to approve the extension of the inactive status for one (1) year; seconded by Mr. Gee. The motion was approved.**

Pendleton House of Love, Memphis –

This home for the aged sought an extension of the inactive status of the facility's license until June 30, 2019. Representative for the facility was MacAuther Sharkey, administrator. **Mr. Boyd made a motion to approve the extension of inactive status request; seconded by Dr. Piercey. The motion was approved.**

Copper Basin Medical Center, Copperhill –

This twenty-five (25) hospital bed facility sought an extension of the inactive status of the facility's license for an additional one (1) year period. This hospital was seeking a new business model that would include urgent care, outpatient diagnostic treatment center, and an ambulatory surgical treatment center, but this has not transpired. This extension will allow time for possible acquisition of the licensed operations by an organization capable of establishing a replacement hospital in the eastern Polk County area. Representatives for the facility were Tim Henry, Post-Closing Administrator and Dan Johnson. Mr. Henry informed the Board that Polk County and the city of Ducktown assumed the loan for the building and fixtures of the hospital due to foreclosure. He relayed the licensee is in discussion with other hospital providers for acquisition. Mr. Henry stated issues with Georgia and North Carolina Medicaid have impeded the discussions. He further stated to the Board that he and Mr. Johnson have been at the facility since April of 2017. Mr. Henry told the Board the hospital including the building have been in existence since the 1950s and that the closest hospital is in Georgia with the next closest being in North Carolina. **Dr. Piercey made a motion to approve the extension of the inactive status; seconded by Mr. Boyd. The motion was approved.**

WAIVER REQUEST(S):

Ms. Reed presented the following waiver requests for consideration by the Board.

Tennova Healthcare-Turkey Creek Medical Center, Knoxville –

This one hundred and one (101) bed hospital sought to increase their general acute care bed count by ten (10) licensed bed. The three Tennova Healthcare hospitals in Knoxville are operated under a consolidated hospital license, #45. The total licensed bed complement will be one hundred eleven (111) beds upon approval. The request was made pursuant to the Tennessee Health Services and Development Agency (HSDA) statute T.C.A. § 68-11-1607(g). Representative for the facility was Warren Gooch who went on record stating the previous Tennova hospice provider was of no relation to Tennova CHS. **Mr. Mynatt made a motion to approve the request; seconded by Mr. Boyd. The motion was approved.**

TriStar StoneCrest Medical Center, Smyrna –

This one hundred and nine (109) bed hospital sought to increase its general acute care beds by ten (10) licensed beds. The total licensed bed complement will be one hundred nineteen (119) beds upon approval. The request was made pursuant to the Tennessee Health Services and Development Agency (HSDA) statute T.C.A. § 68-11-1607(g). **Dr. Piercey made a motion to approve the request; seconded by Dr. Robbins. The motion was approved.**

Erlanger Medical Center, Chattanooga -

This six hundred and eighteen (618) bed hospital sought to increase its general acute care beds by sixty (60) licensed beds. The total licensed bed complement will be six hundred seventy-eight (678) beds upon approval. The request was made pursuant to the Tennessee Health Services and Development Agency (HSDA) statute T.C.A. § 68-11-1607(g). **Dr. Brock made a motion to approve the request; seconded by Mr. Boyd. The motion was approved.**

TriStar Summit Medical Centers, Hermitage –

This two hundred (200) bed hospital which includes one hundred eighty (180) general acute care beds sought to increase its general acute care beds by eighteen (18) licensed beds. The total licensed bed complement will be two hundred eighteen (218) beds upon approval. The request was made pursuant to the Tennessee Health Services and Development Agency (HSDA) statute T.C.A. § 68-11-1607(g). These beds will be placed in the new 8th floor of the hospital. **Dr. Piercey made a motion to approve the request; seconded by Dr. Gordon-Maloney. The motion was approved.**

Ms. Ketterman recused from this agenda item. The following eight (8) licensed hospitals sought to extend for two (2) years the waiver of Hospital rules 1200-08-01-.05(1) & (5) which address hospital admission and treatment shall be under the supervision of a physician and treatment shall be given or administered to a patient of a hospital except on order of a physician. Each of the following eight (8) hospitals provide outpatient therapy services at an off campus location. Representative for all licensees was Lucy Gregory. Ms. Gregory stated to the Board that new rule language will be in effect on October 8, 2018 which would leave the facilities without waiver coverage for approximately a week. This request is being made in an abundance of caution.

Claiborne Medical Center, Tazewell

Cumberland Medical Center, Crossville

Fort Loudon Medical Center, Lenior City

Fort Sanders Medical Center, Knoxville

LeConte Medical Center, Sevierville

Methodist Medical Center of Oak Ridge, Oak Ridge

Parkwest Medical Center, Knoxville

Roane Medical Center, Harriman

Mr. Griffin made a motion to approve the waiver request for all of the above eight (8) licensed hospitals; seconded by Ms. Lynch. The motion was approved. Ms. Ketterman returned to the meeting.

Home Healthcare Solutions of Davidson, LLC; Nashville –

This licensed professional support services (PSS) agency sought to waive the requirement of having a contract with the Department of Intellectual and Developmental Disability (DIDD). Representatives for the facility were Julie O'Digie and Tony O'Digie. The facility's letter requesting Board appearance was

presented. The provider stated that a failure to approve the waiver request will place hardship on the provider. Dr. Saunders asked for background to this item. Ms. Reed stated this facility has for several years failed to show a contract with DIDDs upon renewal of the license. During this course of time, changes were made to the initial and renewal applications for this licensure type regarding status of contract with DIDDs. This occurred in 2015 or 2016. Dr. Saunders asked the provider if notice was made to the department of the loss of the DIDD contract. Representative for Home Healthcare Solutions of Davidson (HHCS) gave a vague response to the Board and seemed unaware of the loss of the DIDD contract until they met with DIDD in 2015.

HHCS stated to the Board the agency has a contract with the MCOs (managed care organizations) to provide care including nursing, physical therapy, etc. They further stated they have a provider numbers and that a copy of the PSS license is provided to TNCare. Ms. Tippens asked if HHCS noticed the MCO of a loss of the DIDD contract. HHCS representatives stated no.

Ms. Reed clarified to the Board that administrative staff cannot refuse to renew a facility's license. A facility license can be revoked by the Board or by a facility's failure to renew.

Dr. Robbins made a motion to grant a waiver on the license with a report provided at the next Board meeting on the progress to obtain a DIDD contract; seconded by Mr. Boyd.

Discussion ensued with Melanie Kellar of Tennessee Home Care Association addressing the Board on the PSS license and specific requirement to treat DIDD clientele. She further clarified that a home health agency license is not needed to treat this population which means no CON requirement. Ms. Kellar stated the MCOs pay for skilled care provided by licensed home health agencies. DIDD pays PSS agencies directly. Maegan Martin with Tennessee Home Care Association stated her concern to the Board of setting a precedent given the willfulness of this act by the provider. HHCS claims no intentional act was committed.

Mr. Breeden asked the current census of the DIDD patients. HHCS stated approximately ten (10) recipients. He further asked will these individuals be required to move to other agencies. Ms. Tippens stated a letter would need to be sent to these individuals that care will need to be provided by another agency.

HHCS clarified the ten (10) individuals are served under their personal support services agency license. There is no skilled care being provided to patients.

Ms. Williford asked if the waiver is granted should the provider not be allowed to admit skilled patients. Ms. Tippens further directed the Board it could make a motion that licensure is not required as a PSS by this agency.

Dr. Saunders recommended tabling the item without a vote on the motion until February's Board meeting. **Mr. Breeden offered an amendment to the motion that no new patients be added to the agency until the February meeting. The amendment was accepted. The vote on the motion was fourteen (14) yeas and three (3) nays. The motion was approved.**

Ms. Tippens recapped information to be provided to the Board at the next meeting – DIDD contract information to include when and why denied and MCO information.

Creekside at Three Rivers Assisted Living with Memory Support, Murfreesboro -

Creekside at Three Rivers Assisted living requested a waiver to consolidate four (4) ACLF facilities and place these under one license. Creekside is one campus with four (4) separate buildings all holding their own license. Operating under multiple licenses is not cost effective for the provider. Combination of the licenses would ensure a solid fiduciary outcome for both the community and residents. The four (4) ACLF facilities are as follows:

Creekside at Three Rivers #308 licensed for ninety-nine (99) beds with current census of fifty-four (54)

Creekside Villas 400 #418 licensed for twelve (12) beds with current census of seven (7)

Creekside Villas 500 #461 licensed for twelve (12) beds with current census of ten (10)

Creekside Villas 600 #462 licensed for twelve (12) beds with current census of eleven (11)

Each facility is joined by a common walking path and share common parking areas. The Creekside campus employs one Executive Director. The entire campus cross-trains the Director of Nursing, Assistant Director of Nursing, Memory Care Specialist, Personal Care Attendants, Licensed Practical Nurses, Activity Director, Activity Assistants, etc. The campus uses walkie talkies as a means of communication between buildings in addition to cordless phones and a call system. Representative for the facility was Karsten Briggs. Dr. Robbins asked how staffing is arranged for the buildings. Mr. Briggs stated staff is present in each building to accommodate the residents. He further stated there is a common kitchen for the campus and that staff are employed by Creekside. **Mr. Mynatt made a motion to approve the request; seconded by Mr. Crisp. The motion was approved.**

Tennova Healthcare – Physicians Regional Medical Center (PRMC), Tennova Healthcare – North Knoxville Medical Center (NKMC), and Tennova Healthcare – Turkey Creek Medical Center (TCMC), Knoxville –

Tennova Healthcare (Knoxville) has three (3) campuses operating under a single license number, #45. The request was to deem North Knoxville Medical Center as the primary location for license #45 making Physicians Regional Medical Center a satellite campus of NKMC. Tennova also requested to maintain the four hundred one (401) licensed beds housed at PRMC for three (3) years to determine if there is a future use for the beds. Further, Tennova Healthcare requested to restore Turkey Creek Medical Center to its original license, #157, rendering it independent from license #45. Representatives for the facility were Warren Gooch and Tony Benton, CEO, Tennova Healthcare. Mr. Gooch addressed the Board stating PRMC was built in the 1930s with a recent CON granted to replace/relocate the facility. Tennova has chosen to allow this CON to expire January 2019. The identified property for the relocation continues to be owned by Tennova and will be used for other services. PRMC is closing sometime in 2019. PRMC is currently in negotiations with the city of Knoxville to house certain city functions within the current hospital building. Mr. Gooch expounded on the request stating North Knoxville is to be the parent location for license #45 with PRMC as a satellite. License #45 requests to retain the four hundred one (401) beds for three (3) years and that any relocation of beds and/or services that would be subject to a CON would be pursued accordingly. Mr. Gooch stated there is a Board precedent for this activity as the Board approved such activity when these facilities were owned and operated by Baptist. He further stated Tennova will be transparent and has experience with the activity described in this request. Mr. Gooch stated the Turkey Creek Medical Center license moving to a standalone license would be conditioned upon CMS approval. If that is not possible then Turkey Creek Medical Center would remain as a satellite of license #45. **Dr. Piercey made a motion to approve the change of parent hospital license #45 to North Knoxville Medical Center with PRMC being a satellite location of license #45 plus reinstatement of the independent license #157 to Turkey Creek Medical Center conditioned upon CMS approval of such; seconded by Mr. Breeden. The motion was approved.**

DISCUSSION(S):

Proposed Board Meeting Dates for Year 2019-

The following dates were presented to the Board for 2019 meeting dates:

February 5 & 6, 2019

June 5 & 6, 2019

October 2 & 3, 2019

Mr. Boyd made a motion to approve; seconded by Mr. Breeden. The motion was approved.

Consideration and Adoption of the 2018 Edition of the Guidelines for Design and Construction of hospitals, outpatient facilities, residential health care, support facilities and remove the reference of 1999 North Carolina Handicapped Accessibility Codes with Amendments-

Craig Parisher, Facilities Construction Director, presented this request to the Board for approval. He indicated the 1999 North Carolina codes was an outdated reference. Mr. Parisher further stated the State Fire Marshall's office has adopted the 2018 code listed above. He also informed the Board that reviewers have been making architects aware of the impending change over the last several months. Mr. Griffin made a motion to accept; seconded by Mr. Breeden. Mr. Puri approached the Board asking if time will be allowed for providers to become familiar with the changes to this IG before the new code reference goes into effect. **The Board indicated yes and a friendly amendment was offered to the IG for an effective date of January 1, 2019. The motion was approved.**

Caring Estates, Arlington (RHA) Progress Report-

Eshonishunetta Knight, administrator, appeared before the Board as the representative of this facility. She indicated her choice to not make a statement to the Board. Dr. Saunders asked why present. Ms. Reed stated the Board had requested at the June 2018 Board meeting to have the administrator for Caring Estates to be present to give a report. West Tennessee Regional Office surveyor, Mashelle Gibson, reported the results of a recent complaint survey of this facility to the Board which included a resident hidden behind closed doors and not acknowledged by the facility as well as another bed bound individual to whom care was being provided, but was attested to being a family member and not a resident of the facility. The Board continued to inquire as to what Ms. Knight should be reporting to the members. Ms. Reed read the motion from the June Board meeting to the Board which included training of staff, documentation provided to prove such training occurred, and progress on compliance with past deficiencies. Ms. Knight informed the Board of a policy being developed regarding medication administration. The complaint survey also revealed that medication administration was occurring in the facility by unlicensed personnel. Ms. Knight further confirmed she is a registered nurse and prepared med planners for the residents of the facility and didn't know why the individual present and working in the facility on the day of the survey would administer medication. **Ms. Williford made a motion to move to a suspension of admissions (SOA) due to noncompliance with consent order; seconded by Mr. Mynatt.** Mr. Breeden asked if a SOA was the extent of what the Board could do. Ms. Tippens stated it is the only remedy allowed under the consent order. She further stated the facility remains under probation and that other actions could be considered if other serious deficiencies are cited. Dr. Piercey clarified the number of residents currently in the facility. The facility reports five (5). Dr. Piercey stated these five (5) are the only residents allowed and if one passes away no other residents may be admitted while under the SOA. Dr. Crihfield clarified the sixth resident does not pay for services or care at the facility. Ms. Knight stated this individual is a CHOICES recipient. Mr. Breeden asked if a hearing will occur. Ms. Tippens stated if the SOA is contested. **Mr. Breeden made a friendly amendment to place a monitor. The motion was amendment was approved.** The Board members also declared the

desire to have the facility representatives back at the February 2019 Board meeting to attest to the clearing of the deficiencies or the continuation of such deficiencies and addressing probation and the lifting of the SOA/probation on the facility's license. Dr. Saunders stated this will be a contested case. Ms. Tippens agreed unless the case is settled prior to the Board meeting in February. Dr. Robbins also clarified the plan of correction (POC) to be submitted by 10/8/18.

Legacy Assisted Living and Memory Care, Memphis Progress Report-

Legacy came before the Board to present a progress report per the current Board order. In addition to the progress report, further consent order action was considered. Legal counsel for the facility presented to the Board recapping the facility's survey history and disciplinary action with the Board. The facility was placed under a suspension of admissions (SOA) at the June 2018 Board meeting. Legacy's legal counsel stated the facility has steadily improved since last year. The number of deficiencies has gone from 30 to one. The facility's probationary period is coming to a close. Legal counsel informed the Board that Legacy provides services to a needy area in Memphis. Legacy is licensed for 99 beds. Further, the facility has made notable improvements to include a call system, audit system, stand-up meetings, care plan reviews, Star system to recognize falls, increased staffing, and changes to the physical plant. The facility is working to clear the last remaining deficiency. Dr. Saunders questioned if the training provided to staff addressed the recognition of changes in patient condition. This continues to be the outstanding deficiency. Ms. Tippens presented to the Board an agreed upon consent order for the facility to include an additional four months of probation, to remain under the SOA until all deficiencies are cleared, to pay costs associated with further revisit surveys, and for the facility to appear before the Board at the February 2019 meeting with request to lift probation. **Mr. Mynatt made a motion to accept the new consent order; seconded by Ms. Williford. The motion was approved.**

Vanderbilt University Medical Center, Nashville-

Dr. Brock recused from this discussion. Vanderbilt University Medical Center, Nashville expressed concern regarding recent developments affecting Level 1 trauma centers in Tennessee. Trauma Center designation level rules 1200-08-12 are based upon the premise that the designation process is 'meant to identify those hospitals that make a commitment to provide a given level of care of the acutely injured patient'. The Emergency Medical Services (EMS) board at their June 20, 2018 meeting adopted a change in its rules that eliminates the distinction between Level I and Level II trauma centers. Vanderbilt sought to bring this to the Board for Licensing Health Care Facilities (BLHCF) attention because it is felt the rules adopted by the EMS Board are contrary to OHCF's rules establishing criteria for different levels of trauma care. Vanderbilt hoped steps by the BLHCF would result in the EMS Board reconsidering their action in adopting the rules in question. Representative for the facility was Dan Elrod. Mr. Elrod informed the BLHCF that EMS' clinical issues committee worked on rule changes relative to destination guidelines. These were presented at the 6/20/18 EMS Board with transfer of traumatically injured patient to Level I trauma center, but this was amended at this meeting to include Level II. Vanderbilt revealed differences between Level I and Level II designation requirements which includes surgeon requirements. Mr. Elrod asked if the Board could first affirm that Level I is the highest level of trauma care and second convey to the EMS Board to recognize patients transported to highest level of care to be Level I unless the patient's condition warrants transfer to a lower level of care.

Kyonzté Hughes-Toombs provided the BLHCF multiple documents related to the EMS rule change of the destination guidelines. She stated this is now in the AG's office for review of legality. Ms. Hughes-Toombs further stated the EMS rules do not say that transfer to highest level of care and that the BLHCF

does not need to weigh in. She clarified that the EMS Board is responsible for pre-destination/hospital guidelines.

Jerry Taylor, legal counsel for Tri-Star, addressed the Board. He stated there has been no change to the BLHCF rules only a change to the EMS rules. Mr. Taylor stated EMS has not acted outside its rulemaking authority. He stated EMS followed rulemaking hearing procedures allowing for public comment and EMS voted unanimously to approve the change in the destination guideline rules. Each Board should operate within the statutory authority granted. Mr. Taylor urged no action to be taken as recommended by Ms. Hughes-Toombs. He stated let the process work as designed.

Mr. Elrod stated this is a statewide issue as all Level I centers are involved. There is not just one stakeholder. Mr. Elrod stated the ask is not to interfere with the EMS Board, but for BLHCF to affirm that Level I is the highest level of trauma care. He stated there would be continued discussion with the EMS Board on their decision.

Mr. Taylor asked why reaffirm the trauma rules because the rules speak for themselves. He stated reaffirming would be a subtle way to inform the EMS Board they messed up. Mr. Taylor stated it is not within the BLHCF's purview to tell another Board how to operate. Let the AG's Office review and provide comment and/or response.

Dr. Robbins stated she understands the dismay of interested parties with the rulemaking process. She stated the trauma system is important and patients need that highest level of care. Dr. Robbins stated it is best to wait on the AG's opinion. The BLHCF does have interest in this item as trauma center designation is established by this Board.

Mr. Mynatt made a motion to not act on this presented item and to have OGC to provide an update at the next Board meeting; seconded by Dr. Piercy. The motion was approved.

The Village at Primacy Place, Memphis-

Grace Management, Inc sought to appear before the Board to discuss Tag 605 for ACLF rule number 1200-08-25-.06(1)(a)5 which was cited during their survey of August 2, 2018. Grace Management which is the management firm for The Village at Primacy Place stated the surveyor's definition of 'qualified' appears to be in contrast to the opinion provided by the Board of Medical Examiners (BME) and is also inconsistent with other surveyors in Tennessee. Representatives for the facility were Frances Showa, MBS, National Director of Dining Services Operations; Roneshia Washington, Grace Management; and Stephanie Casey, The Village at Primacy Place. The facility representatives question the term 'qualified' and what this term entails/includes. These same representatives spoke to BMEs determination on dietician. Dr. Saunders stated the rules referenced are under the Office of Health Care Facilities (OHCF) and this Board's purview not BME's. Facility representatives further identified this same means of providing dietary services is done in two (2) other facilities located in Tennessee, but there has not been a citation of 1200-08-25-.06(1)(a)5 at those locations.

Dr. Piercy asked if a dietician was required to be onsite. The regional offices of OHCF agree this aspect is gray and vague. A determination would be made based upon the residents' needs being met.

Mr. Puri representing TNCal asked about the requirements for a dietician in an ACLF setting. It was identified the dietician term is found in the ACLF regulations. Dr. Saunders stated the definition of dietician is that the practitioner must be licensed in Tennessee. Facility representatives stated that a

dietician could be available via email, SKYPE, etc. Dr. Robbins pointed out the rules doesn't state a dietician must be in the facility only that a facility must employ a dietician. Dr. Saunders informed The Village at Primacy Place representatives that she would provide reciprocity contact in the Tennessee Department of Health so this requirement could be met.

APPROVAL OF MINUTE(S):

The following minutes were presented –

June 6, 2018 – Board Meeting

August 28, 2018 – Assisted Care Living Standing Committee Meeting

September 5, 2018 – Special Called Disciplinary Hearing

September 17, 2018 – Performance Improvement Issue Standing Committee Meeting

Dr. Robbins made a motion to accept the above meeting minutes; seconded by Mr. Mynatt. The motion was approved.

CONSIDERATION AND RATIFICATION OF LICENSURE APPLICATIONS (CHANGE OF OWNERSHIP (CHOWS) AND INITIALS):

The CHOW and initial licensure applications received by the Office of Health Care Facilities were presented as follows -

The following initial application was processed by the Board's administrative staff with concern – Autumn Care III, LLC; Farragut (ACLF). This applicant reported disciplinary actions from other states. In addition to the above initial application for consideration the following five (5) CHOW applications were processed by the Board's administrative staff with concern – Douglas Health and Rehabilitation, Milan (NH); Palmyra Health and Rehabilitation, Palmyra (NH); Rainbow Rehabilitation and Healthcare Center, Bartlett (NH). These applicants also reported disciplinary action from other states. **Mr. Mynatt made a motion to ratify these applications; seconded by Mr. Breeden. The motion was approved.**

The following CHOW applications were presented to the Board for special consideration – Towne Square Care of Puryear, Puryear (NH) and Towne Square Care Assisted Living of Puryear, Puryear (ACLF). These applications were presented to the Board for ratification due to the complex nature of the change of ownership. Chris Puri, attorney, and Dan Stockdale, owner/operator, were present to speak on behalf of these applications. This is a unique situation in which the prior owner/operator was a poor performer with financial issues. Mr. Puri stated that due to the former operator's performance temporary management was placed in the facility which is Mr. Stockdale's company. Mr. Stockdale reported to the Board the facility's current performance and census level. The facility is doing well. This applicant requested the effective date of the CHOW to be the date of the temporary management assumption which was 2/13/17. Dr. Robbins wanted to be certain the current operator does not have any association with the previous owner. Mr. Stockdale confirmed there is no relationship. **Mr. Gee made a motion to approve ratification of the CHOW applications with effective date of 2/13/17; seconded by Mr. Mynatt. The motion was approved.**

The following initial applications were processed by the Board's administrative staff without concern – Ambulatory Surgical Treatment Center: Phoenix Ambulatory Surgery Center, LLC, Lebanon
Assisted Care Living Facilities: Arcadia Senior Living Clarksville, Clarksville; Canterfield of Franklin, Brentwood; Maple Cottage Assisted Living, Hendersonville; Sycamore Place Alzheimer's Special Care Center, Memphis; and The Lantern at Morning Pointe of Franklin, Franklin

End Stage Renal Dialysis Clinics: Dialysis Clinic, Inc-Caryville, Caryville; Fresenius Kidney Care Parkwest Home, Knoxville; Lamar Crossing Dialysis, Memphis; and Metro Center Dialysis, Nashville

Home for the Aged: Trinity Manor Suites, Gallatin

Home Medical Equipment: Opry Medical Group, LLC, Nashville; Currie Medical Specialties, Inc, Franklin; and Integrated Ortho Services, Inc., Nashville

Nursing Homes: The Reserve at Spring Hill, Spring Hill and Stones River Manor, Inc., Murfreesboro

Professional Support Services Agencies: Access MedStaffing Solutions Healthcare, LLC, Memphis; All Ways Therapies, LLC, Memphis; Hardin County Skills, Inc., Savannah; Milestone Home Health Care, LLC, Nolensville; and Speaking Life Healthcare, Memphis

Dr. Brock made a motion to approve; seconded by Mr. Boyd. The motion was approved.

The following CHOW applications were presented to the Board for approval without staff concern –

Nursing Homes: Magnolia Healthcare and Rehabilitation Center, Columbia and StoneRidge Health Care, LLC, Goodlettsville

Assisted Care Living Facilities: Avenir Memory Care at Knoxville, Knoxville; Hearthside Senior Living of Bartlett, Bartlett; and Traditions of Spring Hill, Spring Hill

Mr. Boyd made a motion to approve; seconded by Dr. Piercey. The motion was approved.

LICENSURE STATUS UPDATE(S):

The following licensure status update was presented –

Hospice of Chattanooga, Chattanooga reactivated their license effective July 18, 2018. This hospice facility had placed their license on inactive status at the February 7, 2018 Board meeting for twelve (12) months to run until the February 2019 Board meeting.

Tennova Healthcare-Physicians Regional Medical Center Transitional Care Unit, Knoxville requested to not renew their facility's license effective July 7, 2018. The facility was closed this date. This facility was granted an extension to their inactive status at the October 2017 Board meeting to run through this October 2018 Board meeting.

Big South Fork Medical Center, Oneida hired a full time certified dietary manager on June 11, 2018. On June 6, 2018, the facility was granted a waiver of hospital rule 1200-08-01-.06(9) that would expire in February 2019.

FACILITY CLOSURES:

A listing of all facility closures during the time period of June 1, 2018 thru September 30, 2018 was provided to the Board. No discussion was held.

BOARD POLICY CONSENTS:

The following Board Policy Consent requests were presented –

Board Policy #81 request –

Signature Healthcare of Portland Rehab & Wellness Center, Portland

Tennova Newport Medical Center & Convalescent Center, Newport

Mr. Breeden made a motion to approve the requests for a Board Policy #81 waiver to be issued to the above facilities; seconded by Mr. Mynatt. The motion was approved.

Board Policy #32 request –
Celina Health and Rehabilitation, Celina
The Farms at Bailey Station, Collierville - an under construction facility

Mr. Boyd made a motion to approve the requests for a Board Policy #32 waiver to be issued to the above facilities; seconded by Mr. Breeden. The motion was approved.

ORDER(S):

Consent Orders -

The following consent orders were presented -

Manor House – ACLF - Survey conducted resulting in a \$500 CMP. **Mr. Breeden made a motion to accept; seconded by Dr. Piercey. The motion was approved.**

Prestige – ACLF – The facility is currently under a Commissioner’s SOA. OGC presented an order placing the facility on probation for one (1) year plus continue under the SOA. The facility will be required to present reports to the Board during 2019 and to submit an acceptable POC. A CMP of \$10,000 was assessed. **Mr. Boyd made a motion to accept; seconded by Mr. Mynatt. The motion was approved.**

Ms. Ketterman asked about how to rectify the monitor situation. Mr. Davis stated monitors are usually retired surveyor with former survey experience. Further discussion of the Board was around what disciplinary options the Board had and could move forward with which included revocation of the facility’s license. Board members expressed dissatisfaction with the disciplinary options before them.

Unity Medical Center – hospital – Per TNCare notification the facility is delinquent in bed tax fees. **Mr. Mynatt made a motion to accept; seconded by Ms. Lynch. The motion was approved.**

Carriage Court – ACLF – Survey conducted resulting in a \$1000 CMP. **Mr. Mynatt made a motion to accept; seconded by Mr. Boyd/Dr. Piercey. The motion was approved.**

Sycamore Terrace, LLC – ACLF – Survey conducted resulting in a \$1000 CMP. **Mr. Mynatt made a motion to accept; seconded by Dr. Piercey. The motion was approved.**

REGULATIONS:

The following facilities’ rule language sections were recommended for approval by the Board for a future rulemaking hearing –

1200-08-01 Standards for Hospitals – Definitions; Licensing Procedures; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste

1200-08-02 Standards for Prescribed Child Care Centers – Definitions; Licensing Procedures; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness

1200-08-06 Standards for Nursing Homes – Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste

1200-08-10 Standards for Ambulatory Surgical Treatment Centers – Definitions; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness

1200-08-11 Standards for Homes for the Aged – Definitions; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; Disaster Preparedness; Admissions, Discharges and Transfers; and Life Safety

1200-08-15 Standards for Residential Hospices – Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste

1200-08-24 Standards for Birthing Centers – Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste

1200-08-25 Standards for Assisted Care Living Facilities – Definitions; Regulatory Standards; Administration; Admissions, Discharges and Transfers; and Infectious Waste & Hazardous Waste

1200-08-26 Standards for Home Care Organizations Providing Home Health Services – Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste

1200-08-27 Standards for Home Care Organizations Providing Hospice Services – Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste

1200-08-28 Standards for HIV Supportive Living Centers – Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste

1200-08-29 Standards for Home Care Organizations Providing Home Medical Equipment – Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste

1200-08-32 Standards for End Stage Dialysis Clinics – Definitions; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness

1200-08-34 Standards for Home Care Organizations Providing Professional Support Services – Definitions; Disciplinary Procedures; Administration; and Infectious Waste & Hazardous Waste

1200-08-35 Standards for Outpatient Diagnostic Centers – Definitions; Disciplinary Procedures; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness

1200-08-36 Standards for Adult Care Homes Level 2 – Definitions; Regulatory Standards; Administration; Infectious Waste & Hazardous Waste; and Disaster Preparedness

1200-8-37 Standards for Traumatic Brain Injury Residential Homes – Definitions; Regulatory Standards; Infectious Wastes & Hazardous Waste; and Disaster Preparedness